

ataple **Use Slip Here**

POSITION**ID NO.****DATE****CLASSIFIER**

71027

12-23

EXAMINER**TYPIST****VERIFIER****CORPS CORR.****SPEC. HAND****FILE MAINT.****DRAFTING****INDEX OF CLAIMS**

Claim	Date
Final	
Original	
1 (1) =	3/98
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through numbers) Canceled
- + Restricted
- N Non-elected
- Interference
- A Appeal
- O Objected

Claim	Date
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